

59312-58

Mailing Label
Label 11-F June 2002



Post Office To Addressee

UNITED STATES POSTAL SERVICE®

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday

Customer Signature

Agency Acct. No. or Postal Service Acct. No.

PHONE ()

MAIL STOP AMENDMENT
KXKX COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

22-1811 www.usps.com



EV 398874998 US



UNITED STATES POSTAL SERVICE®

Customer Copy
Label 11-F June 2002

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)

PO ZIP Code: 98101
Date In: 9/13/04
Mo. Day Year
Time In: 5:27
☐ AM ☒ PM
Weight: 5 lbs.
No Delivery ☐ Weekend ☐ Holiday
Day of Delivery: ☐ Next ☐ Second ☐ 12 Noon ☐ 3 PM
Military ☐ 2nd Day ☐ 3rd Day
Int'l Alpha Country Code
Acceptance Clerk Initials: *[Signature]*
Flat Rate Envelope ☐
Postage: \$
Return Receipt Fee
COD Fee
Insurance Fee
Total Postage & Fees: \$ 13.65

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

☐ **WAIVER OF SIGNATURE (Domestic Only)** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday

Customer Signature

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

8902216

Federal Agency Acct. No. or Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE ()

MICHAEL J. DONOHUE

JAVIS WRIGHT & FREMAINE
1501 4TH AVE STE 2300
SEATTLE WA 98101-1504

59312-58

MJD/gatc

September 13, 2004

TO: (PLEASE PRINT)

PHONE ()

MAIL STOP AMENDMENT
KXKX COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0 031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>	Application Number	09/726,261
	Filing Date	November 28, 2000
	First Named Inventor	D. David Nason
	Group Art Unit	2676
	Examiner Name	Tam D. Tran
	Attorney Docket No.	59312-58

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below): _____ _____ _____

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Individual Name	Michael J. Donohue	22504 PATENT TRADEMARK OFFICE
Signature	<i>Michael J. Donohue</i>	
Date	September 13, 2004	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date specified below.		
Typed or printed name		
Signature		Date:

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